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Jan 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # 764812 (4)**

1. Corporation Name

ELDERLY INTEREST FUND, INC.

Principal Place of Business

Mailing Address

5101 NW 21ST AVENUE
#510
FT. LAUDERDALE FL 33309
US5101 NW 21ST AVENUE
#510
FT. LAUDERDALE FL 33309-2738
US3. Date Incorporated or Qualified
09/02/19823a. Date of Last Report
04/16/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARMSTRONG, JUDITH
5101 NW 21ST AVENUE
SUITE 510
FT. LAUDERDALE FL 33309

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V ☐ DELETE
NAME FEILER, ELLEN G.
STREET ADDRESS 2421 S.W. 6TH AVE.
CITY-ST-ZIP FT. LAUDERDALE FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME PETERSON, CYNTHIA
STREET ADDRESS 5101 NW 21ST AVE 440
CITY-ST-ZIP FT LAUDERDALE FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME SHAPIRO, BEVERLY
STREET ADDRESS 7383 ORANGEWOOD LANE
CITY-ST-ZIP BOCA RATON FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME FALCK, WALTER
STREET ADDRESS 115 S. ANDREWS AVE
CITY-ST-ZIP FT LAUDERDALE FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE VD ☐ DELETE
NAME ACEVEDO-RENNIE, JEAN
STREET ADDRESS 4001 G. UNIVERSITY DR. #248
CITY-ST-ZIP DAVE FL5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 777 Flayler Dr.
5.4 CITY-ST-ZIP Palm Beach, FL 33401TITLE PD ☐ DELETE
NAME GLASSER, EVELYN
STREET ADDRESS 2698 OAKMONT
CITY-ST-ZIP FT. LAUDERDALE FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judith G. Armstrong 1-8-97 954-735-9019

Date

Daytime Phone # 0035956

CR2E037 (9/96)